



WHERE SCIENCE MEETS NATURE

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## About Ketamine Assisted Psychotherapy (KAP)

Cena Life Inc. is offering an innovative healing opportunity through Ketamine Assisted Psychotherapy (KAP).

Our private clinic provides a clinical team focused on client safety and healing.

Ketamine assisted psychotherapy combines the unique therapeutic capabilities of Ketamine administration with an integrated psychotherapy program to address not only the symptoms of anxiety and depression but also the negative thought patterns, traumas, habits, and chemical pathways our brains develop to cope with our experiences and symptoms.

By combining Ketamine treatment and psychotherapy, KAP provides effective immediate relief from symptoms and supports the longer-term healing gained from greater self-knowledge, emotional growth, and neural rebalance.

The main contraindications to ketamine are hypersensitivity and uncontrolled hypertension. KAP is both safe and effective with few side effects compared to other psychiatric medications.

Cena Life ketamine administration takes place in a safe, controlled setting designed to optimize the experience. Trained medical experts will establish a personalized dosing plan based on your comfort level, medical history, and medical sensitivities. KAP can quickly and profoundly provide individuals the opportunity to reconnect with positive memories, shift negative thinking patterns, enhance cognitive flexibility, cultivate deep insight, reconnect with social supports, and process and regulate difficult emotions.

KAP consists of 6 weeks of individualized care, including psychiatric consultation and assessment, psychotherapy, four intramuscular ketamine psychedelic sessions and optional aftercare.

Our clinical team will assess if KAP is a safe treatment option for your patient. We reserve the right to refuse treatment to anyone we deem not eligible due to medical or mental health reasons, of which we will communicate to you. If you have any further questions or concerns, please don't hesitate to reach out to us!

*\*Please note that this is a private pay service.*

Please complete all sections of this form and include a list of current medications.

PATIENT'S INFORMATION	
Last Name <i>(Legal)</i>	First Name <i>(Legal)</i>
Health Care Card#	DOB <i>(dd-Mon-yyyy)</i>
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose	
Address:	
Primary Phone#	Secondary Phone #
Email:	

CLINICAL INFORMATION
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Please include a list of current medications and consultation reports with this referral. This information will assist us to appropriately triage your patient. Please fax all documents to 780-669-9216. Once all documentation is received and reviewed, a consultation appointment will be scheduled.

Diagnosis: <input type="checkbox"/> MDD <input type="checkbox"/> PTSD <input type="checkbox"/> cPTSD <input type="checkbox"/> OCD <input type="checkbox"/> Addiction <input type="checkbox"/> Bipolar Affective Disorder
Reason for Referral or Diagnosis:
Other Specialists Involved in Care:

Relevant Past (Medical History):

Height (cm):	Weight (kg):	
Blood Pressure:	HR:	BMI:

**REFERRING DOCTOR INFORMATION:**

Clinic:	Date:
First & Last Name:	PRACID #:
Address:	
Phone Number:	Fax Number:
Doctor's Signature:	

**Electronic Signature Disclaimer:** By signing your name electronically on this referral form, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form.

**Please fax all documents to 780-669-9216.**